

MULTIPLE DEPEN

CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIM						SERIAL NO.	FILING DATE						
						0 / 540414							
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2						52							
3						53							
4						54							
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44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	5												
TOTAL DEP.	8												
TOTAL CLAIMS	13												